

## ATTACHMENT 2

## GIDEON, COOPER & ESSARY

A PROFESSIONAL LIMITED LIABILITY COMPANY

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NIKKI L. WILLIAMS  
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July 15, 2013

Bruce Spinzig, M.D.  
1754 Madison Street  
Clarksville, TN 37043

Re: Patient: Charles Lankford  
D/O/B:

Dear Custodian of Records:

Our firm represents Saint Thomas Outpatient Neurosurgical Center, LLC, regarding a notice of intent to file a medical malpractice action sent by the patient listed above.

Mr. Lankford has executed a HIPAA-compliant release allowing us to obtain complete copies of his medical records (enclosed). Please forward me a complete and certified copy of your records concerning this patient, including copies of any and all diagnostics (i.e. x-ray films and CDs) and an itemized statement of all charges incurred by Mr. Lankford that includes insurance payments and contractual adjustments.

I have enclosed an affidavit which certifies the records for your convenience, but please feel free to use one of your own should you prefer. We will, of course, pay a reasonable expense for your costs incurred in responding to this request.

Thank you for your assistance and should you have any questions, please do not hesitate to contact me.

Sincerely,

Nikki L. Williams

Legal Assistant to James C. Sperring

/nlw  
Encl.

**AFFIDAVIT OF CUSTODIAN OF MEDICAL RECORDS**

\_\_\_\_\_ says as follows:

- a) That I am the duly authorized Custodian of the Medical Records of Dr. Bruce Spinzig and have authority to certify said Medical Records, and
- b) That the copy of Medical Records of Charles Lankford attached to this Affidavit is a true copy of all the records described in the request, and
- c) That the records were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of and a business duty to record or transmit those matters;
- d) That the records were kept in the course of the regularly conducted activity;
- e) That the records were made by the regularly conducted activity as a regular practice; and
- f) That the cost to furnish the copies of these medical records based on the usual charges of the office is \$ 70.75.

  
Custodian of Records

7-26-13  
Date

STATE OF TENNESSEE     )  
  )  
COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me, a notary public in and for said county, this \_\_\_\_\_ day of \_\_\_\_\_, 2013.

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_